

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City.....

(No. **City**)File No. **38030**Registered No. **9692**

St.

Ward)

2. FULL NAME

(a) Residence, No. **3959 Sargey**Length of residence in city or town where death occurred **27** yrs. mos. da.Ward. **18**

(If nonresident, give city or town and State)

How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **M**4. COLOR OR RACE **W**5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widowed**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Lucie Baldwin**6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Nov 7 - 1884**

7. AGE

YEARS **49**MONTHS **8**DAYS **2**

IF LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Janitor**9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **3959 Sargey**

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Kentucky**

FATHER

13. NAME **Nov Baldwin**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ind**

MOTHER

15. MAIDEN NAME **Jane Gray**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ind**17. INFORMANT (ADDRESS) **Harp Supply Co**

18. BURIAL, CREMATION, OR REMOVAL

PLACE **Matthews Cem** DATE **Nov 10**, 19**32**19. UNDERTAKER (ADDRESS) **Grinhaus Mortuaries**20. FILED **10 100**

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Nov 9**, 19**32**22. I HEREBY CERTIFY, That I attended deceased from **10-13**, 19**32**, to **11-9**, 19**32**I last saw him alive on **11-9**, 19**32** Death is saidto have occurred on the date stated above, at **4:15 a** m.

The principal cause of death and related causes of importance were as follows:

Diabetes mellitus Date of onsetOther contributory causes of importance **gangrene of feet**Name of operation **clinical** Date of **10**What test confirmed diagnosis? Was there an autopsy? **no**

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury 19**32**

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation or deceased?

If so, specify **None**(Signed) **Harry D. D.**, M. D.(Address) **City**

